

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2						
3						
4						
5						
6						
7						
8	1					
9						
10						
11						
12						
13						
14						
15						
16						
17		✓				
18						
19						
20						
21						
22						
23						
24						
25						
26	0					
27						
28						
29						
30	1					
31	1					
32	1					
33		✓				
34		✓				
35	1					
36		1				
37		1				
38	1					
39	1					
40	1					
41	1					
42		✓				
43		✓				
44	1					
45	1					
46		✓				
47	1					
48	1					
49	1					
50		✓				
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

	IND	DEP	IND	DEP	IND	DEP
51	1					
52		1				
53		1				
54		2				
55	1					
56	1					
57	1					
58		2				
59						
60						
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92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.	4					
TOTAL DEP.	63					
TOTAL CLAIMS	67					